

**Schedule J**  
(Form 990)**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2019**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
NOVANT HEALTH INC

Employer identification number

56-1376950

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ARMATO CARL PRES & CEO NH / TRUSTEE	(i)	1,610,458	1,452,510	999,114	24,300	40,938	4,127,320	7,500
	(ii)	-	-	-	-	-	-	-
2HARGETT FRED EVP & CFO	(i)	868,308	795,468	557,745	24,300	40,195	2,286,016	7,500
	(ii)	-	-	-	-	-	-	-
3LINDSAY JEFFERY EVP	(i)	987,316	836,381	290,924	24,300	30,812	2,169,733	7,500
	(ii)	-	-	-	-	-	-	-
4MIHAL DENISE EVP - CNO/CLIN OPS	(i)	728,775	640,413	325,074	24,300	19,991	1,738,553	7,500
	(ii)	-	-	-	-	-	-	-
5ESKIOGLU ERIC SVP	(i)	773,705	487,416	225,519	184,300	38,671	1,709,611	50,025
	(ii)	-	-	-	-	-	-	-
6CURETON JESSE EVP	(i)	598,439	564,280	293,557	149,133	39,254	1,644,663	126,321
	(ii)	-	-	-	-	-	-	-

7SMITH HARRY SVP HOSPITAL OPERATIONS	(i)	611,704	409,752	307,241	120,187	41,546	1,490,430	94,406
	(ii)	-	-	-	-	-	-	-
8SMITH-HILL JANET FMR EVP	(i)	428,373	642,799	317,364	24,300	35,691	1,448,527	68,700
	(ii)	-	-	-	-	-	-	-
9ZWENG THOMAS MD FMR EVP & CHIEF MEDICAL OFFICER	(i)	0	368,386	1,012,055	0	30,088	1,410,529	352,334
	(ii)	-	-	-	-	-	-	-
10LIMENTANI STEVEN SVP	(i)	628,086	367,196	220,509	24,300	26,983	1,267,074	7,500
	(ii)	-	-	-	-	-	-	-
11YOCHAM ANGELA EVP	(i)	526,154	440,475	110,559	126,000	35,371	1,238,559	0
	(ii)	-	-	-	-	-	-	-
12EDWARDS BRYAN SVP	(i)	529,271	271,808	138,674	107,885	40,280	1,087,918	7,500
	(ii)	-	-	-	-	-	-	-
13MORGAN WAYNE SVP	(i)	454,292	274,329	216,823	96,132	39,798	1,081,374	60,810
	(ii)	-	-	-	-	-	-	-
14LANGFORD KATHRYN SVP	(i)	420,379	285,115	208,608	90,379	16,806	1,021,287	66,210
	(ii)	-	-	-	-	-	-	-
15JENIKE THOMAS MD SVP	(i)	406,126	270,832	194,004	87,876	36,422	995,260	61,575
	(ii)	-	-	-	-	-	-	-
16GRIFFIN JON SVP	(i)	402,043	272,750	180,356	88,640	38,462	982,251	59,003
	(ii)	-	-	-	-	-	-	-
17GREGORY CHERE MD SVP	(i)	425,491	270,240	160,952	80,914	32,860	970,457	52,500
	(ii)	-	-	-	-	-	-	-
18MYERS SCOTT SVP	(i)	414,679	269,244	169,057	89,408	17,284	959,672	59,121
	(ii)	-	-	-	-	-	-	-
19BLACKMON TANYA EVP - CHIEF DIVERSITY OFF	(i)	369,816	282,896	165,678	102,273	15,431	936,094	38,438
	(ii)	-	-	-	-	-	-	-
20EASTERLING DONALD SVP NH CONSUMER OPERATIONS	(i)	375,416	254,957	187,690	83,963	36,903	938,929	60,000
	(ii)	-	-	-	-	-	-	-
21VANCE AMY SVP POPULATION HEALTH MGMT	(i)	211,483	341,836	321,777	18,122	26,928	920,146	56,832
	(ii)	-	-	-	-	-	-	-
22SCOTT BERTRAM SVP VALUE BASED STRATEGY	(i)	131,111	306,001	436,868	5,556	22,683	902,219	15,000
	(ii)	-	-	-	-	-	-	-
23WOOLLEN JR THOMAS SVP CORP HLTH & HALLMARK CARE	(i)	209,485	314,082	329,297	18,269	38,162	909,295	63,750
	(ii)	-	-	-	-	-	-	-
24SEEHAUSEN ROBERT SVP	(i)	421,768	287,864	128,743	24,300	36,771	899,446	7,500
	(ii)	-	-	-	-	-	-	-
25OLIVER PAMELA MD EVP & PRES NHMG	(i)	514,261	36,602	97,986	131,100	29,617	809,566	7,500
	(ii)	-	-	-	-	-	-	-
26PATEFIELD ARTHUR J SVP & CHIEF MED INFO OFF	(i)	411,073	270,532	146,879	16,800	36,033	881,317	0
	(ii)	-	-	-	-	-	-	-
27GARMON-BROWN OPHELIA SVP	(i)	363,373	251,341	150,753	16,800	19,343	801,610	0
	(ii)	-	-	-	-	-	-	-
28EMORY FRANK EVP CHIEF ADMIN OFF / ASST SEC	(i)	590,059	100,000	64,889	0	32,593	787,541	0
	(ii)	-	-	-	-	-	-	-
29BRUNSTETTER PETER FMR EVP & CHIEF LEGAL OFFICER	(i)	0	0	768,938	0	17,053	785,991	304,373
	(ii)	-	-	-	-	-	-	-
30VINCENT PAULA FMR NH SVP	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
31GARRETT DAVID FMR SVP CHIEF INFO OFFICER	(i)	398,174	304,728	35,764	16,800	14,977	770,443	0
	(ii)	-	-	-	-	-	-	-
32PHIPPS JOHN MD FMR EVP & PRES NHMG	(i)	0	0	495,907	0	15,677	511,584	0
	(ii)	-	-	-	-	-	-	-
33BEST DIANA FMR SVP CLINICAL IMPROVEMENT	(i)	0	130,107	299,465	0	14,492	444,064	0
	(ii)	-	-	-	-	-	-	-
34MORRIS JOHN ASST SEC	(i)	228,652	126,620	40,289	22,287	24,834	442,682	7,500
	(ii)	-	-	-	-	-	-	-

35COOK DAVID MD FMR SVP	(i)	58,005	0	138,912	10,290	6,837	214,044	73,162
	(ii)	-	-	-	-	-	-	-
36ROBSON MELISSA FMR SVP & CEO NHUVA HEALTH SYS	(i)	0	0	120,061	0	0	120,061	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

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**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	PART I, LINE 1A: FRINGE OR EXPENSE EXPLANATION FIRST-CLASS OR CHARTER TRAVEL: FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR EXECUTIVES; THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING APPLICABLE POLICY CRITERIA. TRAVEL FOR COMPANIONS: COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE ORGANIZATION. IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. DISCRETIONARY SPENDING ACCOUNT: CERTAIN EXECUTIVES RECEIVE A DISCRETIONARY SPENDING ACCOUNT. THE DOLLAR AMOUNT IN THE ACCOUNT IS PRE-APPROVED BY THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES. THE ACCOUNT CAN BE USED ONLY FOR AN APPROVED LIST OF EXPENDITURES. ALL OPTIONS OTHER THAN A DEFERRED, AT-RISK, COMPENSATION OPTION ARE CONSIDERED TAXABLE AND ARE INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT AND RELOCATION PACKAGES. THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS.
PART I, LINES 4A-B	PART I, LINES 4A-C: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERANCE BEST, DIANA \$303,107 BRUNSTETTER, PETER \$428,978 GARRETT, DAVID \$395,522 PHIPPS, JOHN \$499,639 ROBSON, MELISSA \$120,061 SCOTT, BERTRAM \$253,096 SMITH-HILL, JANET \$72,621 VANCE, AMY \$188,302 WOOLLEN, THOMAS \$170,122 ZWENG, THOMAS \$612,995 NONQUALIFIED BLACKMON, TANYA \$30,938 BRUNSTETTER, PETER \$289,373 COOK, DAVID \$65,662 CURETON, JESSE \$118,821 ESKIOGLU, ERIC \$50,025 GREGORY, CHERE \$52,500 GRIFFIN, JON \$51,503 JENIKE, THOMAS \$54,075 LANGFORD, KATHRYN \$58,710 MORGAN, WAYNE \$53,310 MYERS, SCOTT \$51,621 SMITH, HARRY \$86,906 SMITH-HILL, JANET \$61,200 VANCE, AMY \$49,332 WOOLLEN, THOMAS \$56,250 ZWENG, THOMAS \$337,334 EQUITY-BASED NONE
PART I, LINE 4A - SEVERANCE PLAN:	ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS BASED ON ANNUAL COMPENSATION FOR A SPECIFIED PERIOD OF TIME. THE SEVERANCE PAY WOULD BE PAID ONLY IN THE EVENT OF CERTAIN TYPES OF EMPLOYMENT TERMINATION, AND IS FURTHER CONTINGENT ON THE SATISFACTION OF OTHER CONDITIONS SUCH AS COMPLIANCE WITH A NON-COMPETITION COVENANT. ANY CURRENT YEAR PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J. THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN.
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS:	THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION. ELIGIBLE EXECUTIVES WILL BE NOMINATED BY THE CEO AND APPROVED BY THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE ("THE COMMITTEE") TO PARTICIPATE. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR PAYMENTS, THE COMMITTEE WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD. THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS.

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**Additional Data**

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